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CONFIRMATION NO. 7519

<b>SERIAL NUMBER</b> 10/824,231	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 004	<b>GROUP ART UNIT</b> 3751	<b>ATTORNEY DOCKET NO.</b> J-3827A
<b>APPLICANTS</b> Simon M. Conway, Burlington, WI; Stephen R. Schwallie, Racine, WI; David S. Iverson, Chicago, IL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/465,847 04/25/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/28/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature <u>CEP</u> Initials		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> 28165				
<b>TITLE</b> Toilet rim mounted device for dispensing two liquids				
<b>FILING FEE RECEIVED</b> 1244	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	